

11-23-01

A

Knobbe Martens Olson & Bear LLP

Intellectual Property Law

201 California Street
Suite 1150
San Francisco CA 94111
Tel 415-954-4114
Fax 415-954-4111
www.kmob.com

Ginger R. Dreger
415-217-8381
gdreger@kmob.com

11/21/01
1054 U.S. PTO

BOX PATENT APPLICATION
United States Patent and Trademark Office
P.O. Box 2327
Arlington, VA 22202

1099 U.S. PTO
09/990613
11/21/01

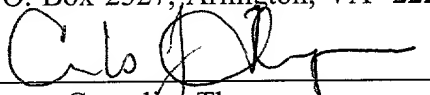
CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. : UC072.001A
Applicant(s) : Reen Wu and Yin Chen
For : COMPOSITIONS AND METHODS FOR THE
ANALYSIS OF MUCIN GENE EXPRESSION
AND IDENTIFICATION OF DRUGS
HAVING THE ABILITY TO INHIBIT
MUCIN GENE EXPRESSION
Attorney : Ginger R. Dreger
"Express Mail"
Mailing Label No. : EL511828882US
Date of Deposit : November 21, 2001

I hereby certify that the accompanying

Transmittal letter; specification in eighty-one (81) pages; ^{twenty-three (23)} ~~thirty-two (32)~~ sheets of
drawings; **UNSIGNED** Declaration by Inventor in two (2) pages; Check in the
amount of \$1,208.00 for Filing Fee(s); Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to
Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the
United States Patent and Trademark Office, P.O. Box 2327, Arlington, VA 22202, Box Patent
Application.


Cornelius Thompson

W:\DOCS\EJD\EJD-1007.DOC
112101

Newport Beach
949-760-0404

San Diego
619-235-8550

Los Angeles
310-551-3450

Riverside
909-781-9231

09990613-4152101



United States Patent and Trademark Office
P.O. Box 2327
Arlington, VA 22202
ATTENTION: BOX PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): **Reen Wu and Yin Chen**

For: **COMPOSITIONS AND METHODS FOR THE ANALYSIS OF MUCIN GENE EXPRESSION AND IDENTIFICATION OF DRUGS HAVING THE ABILITY TO INHIBIT MUCIN GENE EXPRESSION**


Enclosed are:

- (X) ~~Thirty two~~ ^{Twenty - (23)} (32) sheets of drawings.
- (X) **UNSIGNED** Declaration.
- (X) Return prepaid postcard.

CLAIMS AS FILED

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$740	\$740
Total Claims	32 - 20 =	12 ×	\$18	\$216
Independent Claims	6 - 3 =	3 ×	\$84	\$252
If application contains any multiple dependent claims(s), then add			\$280	\$N/A
TOTAL FILING FEE				\$1,208

- (X) A check in the amount of \$1,208.00 to cover the filing fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 11-1410.
- (X) Please use Customer No. **20,995** for the correspondence address.


Ginger R. Dreger
Registration No. 33,055
Attorney of Record